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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH 516

00504 Reg. Dist No.

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1. PLACE O o. COUN	ITY	Cecil Maryland		MAI	RYLAND	2. USUAL RESIDER		ere decease	d lived. If institut b. COUNTY		nce befo	re odmis	sion)
	OR TOWN	If autside carporate l	imils, write	c. LENGTH OF STA	Y IN 1b	c. CITY OR TO	WN (If a	ulside carpo	rate limits, write I	RURAL and	give nec	arest taw	n)
		Point		2 4000			Elkt						
d. NAME	OF HOSPI	TAL (If not in haspito	, give stree	2 days	5	d. STREET ADD		011				e. IS RE	SIDENCE
OR IN	ISTITUTION	والمحال والأول						113				ON	FARM?
		Administi		n Hospital	- "		R.D.	#1				YES	NO
3. NAME O			First	Midd		Last		4. DATE OF	Mai	nth	Do		Yeor
(Type or	print)		AMUE			ARO		DEATH	Janu	ary	7		1959
5. SEX		6. COLOR OR RAC	E 7. MAI	RIED NEVER MAR	RIED B.	DATE OF BIRTH	K 93	16.0	9. AGE (In years				ER 24 HRS.
Mal	le	White	WIDOV	VED DIVORC	ED-	6-27-8	7		71 yrs.	Months	Days	Haurs	Min.
10a. USUAL	OCCUPATI	ON (Give kind of wo	rk dane 10t	. KIND OF BUSINESS	OR INDUST			ar fareign o	ountry)	12. CI	TIZEN O	F WHA	COUNTRY
during	mast at wor	rking lite, even it retir	ed)	unknown		Maryl				US	2 A		
13. FATHER'S		VAT		dikilowii		14. MOTHER'S M.		AME		0.)A		
TO TAITIEN	3 IVANE	0 1 - 1 2 .											
				- Deceas			Flah	art -	Deceas	17.0			
Yes, no. or uni		ER IN U. S. ARMED F (If yes, give war or dates		SOCIAL SECURITY N	17. INF	ORMANT			Add	iress			
Yes		WW I		unknown	Hos	pital R	ecor	ds. V	AH . Perr	y Pos	int.	Md.	
18. CA	USE OF DE	ATH [Enter only one	cause per	ine far (a), (b), and (a							INTE	RVAL BI	TWEEN
		ATH WAS CAUSED B		lmonary H		eme							DEATH
100	F9 ,	IMMEDIATE CAUSE		ZZMOHOL J	ourbar'l c	C M G						unkı	TOWIT
0	41.1	DUE	10										
		immediate	(b)										
couse	(a), stating	the under-	10										
	cause last.		(c)										
CERTIFICATION OR COLUMN	PART II. OT	HER SIGNIFICANT CO	ONDITIONS	CONTRIBUTING TO D	EATH BUT N	OT RELATED TO TH	HE TERMII	NAL DISEAS	E CONDITION GI	VEN IN PA	RT 1(a) 1	PERFO	AUTOPSY ORMED?
20a. AC	CIDENT W	AS UNDERLYING	20b. DE	SCRIBE HOW INJURY	OCCURRED.	(Enter nature of in	njury in P	art I ar Por	t II of item 1B.)				
OR CON	ER, NOTIFY	AS UNDERLYING CONTROL CAUSE OF DEAT	H										
		RY Month, Day,		INJURY OCCURRED	20e PLAC	E OF INJURY (Ho	me form	20f (Cib	or town)		(County)		(Stote)
	aur a.m.		While	Nat while_	focto	ry, street, office b	ldg., etc.)	or rown,		County)		(Store)
	p. m.	- TA	0, 40	irk of work									
21, 1	certify th	hal Kattended t	ne decea	sed from Janua	ary 5	19.59	to Ja	nuary	7 19 5	9 xhakb	throc re	W/ONA	বেক্স কেব্ৰু
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PHYSICI		Tal	M I	HARRIS			70.1		-				
NAME (Acting			. Profe		nal	Ser	rices
22a. BURIAL, REMOV.	AL (Specify	ON, 22b. DATE THEE		22c. NAME OF CE					TION (City, town,			(Sta	e)
	rial				n Man	or Mem.	Pa	rk l	Wr. Elk	ton.	Ma:	ryla	and
23. FUNERAL	LDIRECTOR	'S SIGNATURE	21/h. 9	ZEE ADDRESS				BY REGIST	RAR 24b. REG	STRAR'S SI		RE	
H.W.	PIPPI	IN & SON,	Elkt	on, Maryl	and	D	MA	9 '59	and	w1 d. 7	valle		

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	yrannal n Pêt	Andrew Andrew		can to u	

FOR STATE HEALTH DEPT.

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TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any deloy is necessary, please execute the control of the co

VS. A15ME

5M 2/57

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

BOEDE

ON A FARM? YES 2 NO [3. NAME OF DECEASED (Type or print) John B Astle DEATH 1 5 1959			ME 51	DICA	LEXAMINE	R'S	CERTIFIC	ATE OF	DEATH	Reg. Dist. No	0000
b. CITY OR TOWN pir equide corporals limits, write BURAL or STAY IN 16 b. CITY OR TOWN (if equide corporals limits, write BURAL and give negrest town) PORT DEPOSIT, R.D. All life ## PORT DEPOSIT R.D. d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitol, give streed oddress) ## Astle	1.	o. COUNTY	71			- 11					fore admission)
PORT DEPOSIT, R.D. All life		Cecil			Y	-	Mar Mar	ryland	B. COUNT	Cecil	
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) 3. NAME OF DECEASE (1) poor print) 3. NAME OF DECEASE (1) poor print) 5. SEX 6. COLOR OR RACE 7. MARRIED MEVER MARRIED DIVORCED DIVORCED DIVORCED L-1 1888 7. MARRIED MODER YEAR IF UNDER 24 NR WIDOWED DIVORCED L-1 1888 7. MARRIED MODER YEAR IF UNDER 24 NR Months Days Hours Min. The STATE OF MARRIED MODER YEAR IF UNDER 198 MIN. The STATE OF MARRIED MODER YEAR IF UNDER 198 MIN. The STATE OF MARRIED MODER YEAR IF UNDER 198 MIN. TO OLUSAL OCCUPATION (Give hind of work done) DIVORCED DIVORCED L-1 1888 P. AGE (In year) Months Days Hours Min. The STATE OF WHAT COUNTR DIVORCED MORNING OF WHAT COUNTR DIVORCED MORNING OF WHAT COUNTR U.S. A. 12. CITIZEN OF WHAT COUNTR U.S. A. 13. FATHER'S NAME JOHN WESLEY AS LE 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. MORNMANT Address MIS. Helen Astle, Port Deposit, MI. R.D. 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), ond (c).] PART II, DEATH WAS CAUSED BY. PART II, DEATH WAS CAUSED BY. MARRIED MODERN MODER YEAR OF MARRIED DUE TO Conditions, if only, which gove rise to immediate couse (o), stoling the underlying Course for the immediate Couse (o), stoling the underlying Course for the immediate couse (o), stoling the underlying Course for the immediate couse (o), stoling the underlying Course for the immediate couse (o), stoling the underlying Course for the immediate couse (o), stoling the underlying Course for the immediate couse (o), stoling the underlying Course for the immediate couse (o), stoling the underlying Course for the immediate couse (o), stoling the underlying Course for the immediate couse (o), stoling the underlying Course for the immediate couse (o), stoling the underlying Course for the immediate couse (o), stoling the underlying Course for the immediate couse (o), stoling the underlying Course for the immediate couse (o), stoling the underlying Course for the immediate couse (o), stoling the underlying Course for the immediate couse	1	b. CITY OR TOWN (If a and give nearest town)	outside corporate limits, writ	# RURAL	c. LENGTH OF STAY IN	16	c. CITY OR TOW	N (If outside cor	porole limits, write	RURAL and give r	neorest town)
3. MANE OF DECEASED (Type or print) 3. NAME OF DECEASED (Type or print) 3. NAME OF DECEASED (Type or print) 3. NAME OF DECEASED (Type or print) 3. SEX 4. DATE DEATH Month 15 5 1959 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 18. DATE OF BIRTH M WIDOWED DIVORCED 1. L=1 1888 10. USUAL OCCUPATION (Give kind of work done) WIDOWED 10 DIVORCED 1. L=1 1888 FARMING TO WORKING ITE, even if retired) FARMING MARRIED 10. SEX NEW OR THE PRINTING TO BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country) MARY J and 12. CITIZEN OF WHAT COUNTRY MARY J and 12. CITIZEN OF WHAT COUNTRY MARY J and 13. FATHER'S NAME JOHN WESLEY ASTLE 13. WAS DECEASED EVER IN U. S. ARMED FORCES? (In. SOCIAL SECURITY NO.) 17. MNORMANT Address NTS. Helen Astle, Port Deposit, Md. R.D. 16. SOCIAL SECURITY NO. 17. MNORMANT Address MTS. Helen Astle, Port Deposit, Md. R.D. 16. CAUSE OF DEATH (Enter only one course per line for (s), (b), and (c).) PART I. DEATH WAS CAUSED BY: MARKED ACUSE (C), doing the underlying of		Port D	eposit, R.	D.	All life		× Port I	Deposit	R.D.		
DECEASED (Types or print) S. SEX 6. COLOR OR RACE WIDOWED DIVORCED DIVORCED L=1 1888 P. AGE (In year) Individually 1/2 yrs. Months Doys Hours Min. 100. USUAL OCCUPATION (Give kind of work done) during most of working life, even if refired) Farmer 13. FATTHING 13. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c). PART I. DEATH WAS CAUSE BY; IMMEDIATE CAUSE (o) L=1 1888 14. MOTHER'S MAIDEN NAME Annie C. Chandlee 15. WAS DECEASED EVER IN U. S. ARMED FORCES? Then, or, give wor or dates of enrice) 16. SOCIAL SECURITY NO. 17. INFORMANT Address MTS. Helen Astle, Port Deposit, Md. R.D. 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] PART I. DEATH WAS CAUSE BY; IMMEDIATE CAUSE (o) L=1 1888 PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY PEEFORMED? PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY PEEFORMED? PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY PEEFORMED? PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY PEEFORMED? PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY PEEFORMED? PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY PEEFORMED? PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY PEEFORMED? PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY PEEFORMED? PART II, OTHER SIGNIFICANT CON		d. NAME OF HOSPITA	L OR INSTITUTION (If not in has	pital, give street address)		d. STREET ADDRE	SS			e. IS RESIDENCE ON A FARM? YES 1 NO
M WIDOWED DIVORCED L-1 1888 71 yrs. Months Days Hours Min. 100. USUAL OCCUPATION (Give kind of work done of the property of the property of working life, even if refired) Farmer Farming 11. BIRTHPLACE (Stote or foreign country) Farming 12. CITIZEN OF WHAT COUNTR Maryland 13. FATHER'S NAME JOHN Wesley Astle 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Mrs. Helen Astle, Port Deposit, Md. R.D. 18. CAUSE OF DEATH [Enter only one course per line for (o), (b), ond (c).] PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Condition, if ony, which gove rise to immediate cause (o), stating that underlying course lost. PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE TERMINAL CALLE		DECEASED		af		As		OF			
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Described State		M	W	WIDOWE	DIVORCED		L-1 1888		71	Months Days	Hours Min.
Farmer Farming Maryland U.S.A. 13. FATHER'S NAME John Wesley Astle 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give wor or doles of service) 16. SOCIAL SECURITY NO. (If yes, give wor or doles of service) 17. INFORMANT Address Mrs. Helen Astle, Port Deposit, M. R.D. 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), ond (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Conditions, if ony, which gove rise to immediate cause (o), stating the underlying couse fast. PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES DO. EXTERNAL CAUSE WAS PAINARY OF CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO TO CAUSE OF DEATH. 200. EXTERNAL CAUSE WAS PAINARY OF CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO TO CONTRIBUTIVE Month, Doy, Year Month, Doy, Year No. (County) (Stote) While Not while of work	10a	USUAL OCCUPATION	N (Give kind of work	done 10b. K	IND OF BUSINESS OR IN	DUSTRY	11. BIRTHPLACE (S	Stote or foreign	country)	12. CITIZEN O	F WHAT COUNTR
13. FATHER'S NAME John Wesley Astle 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT NO 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) LO DUE TO Conditions, if ony, which gove rise to immediate couse (o), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO 20. EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO 20. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING TO CAUSE OF DEATH. 20c. TIME OF INJURY Month, Doy, Year While of work of work factory, street, office bidg., etc.) 14. MOTHER'S MAIDEN NAME Attnie C. Chandlee 17. INFORMANT Address Mrs. Helen Astle, Port Deposit, Md. R.D. INTERNAL ENVIEW ONSET AND DEATH ONSET AND THE SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO 20. 20c. EXTERNAL CAUSE WAS PERFORMED. NO 20c. EXTERNAL CAUSE WAS PERFORMED. NO 20c. PLACE OF INJURY (Home, form, of work of work of work of work.	· "	-	ille, even it retired)	F	arming		Marv1	Land		U.S.	A
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Teal No. of unknown 10 10 10 10 10 10 10 1	15.	WAS DECEASED EVE	R IN U. S. ARMED FO	RCES? 16.	SOCIAL SECURITY NO.	17. INFO					
B. CAUSE OF DEATH Enter only one cause per line for (o), (b), and (c).	[Yes		[If yes, give war or dates of	service)	2-31-6011	Mr	s Helen	Astle			R.D.
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Acute Coronary Occlusion Conditions, if ony, which gove rise to immediate cause (o), stating the underlying occuse fost. PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) 19, WAS AUTOPSY PERFORMED? PE	-		H [Enter only one cou	se per line	for (a), (b), and (c),]	2.2.2	.o. nezen	120 020,	1010 202		
DUE TO Conditions, if ony, which gove rise to immediate cause (a), stating the underlying (c) PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO 20a. EXTERNAL CAUSE WAS PRIMARY or CONTRIBUTING CONTRIBUTING COURSED (Enter nature of injury in Part 1 or Part II of item 18.) 20c. TIME OF INJURY Month, Doy, Year Hour o. m. P. m. 19 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, factory, street, office bldg., etc.) (County) (State)		PART I. DEATH	WAS CAUSED BY			0	7			ONS	ET AND DEATH
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20c. TIME OF INJURY Month, Doy, Year Hour o. m. 19 20d. INJURY OCCURRED Not while of work of w	CATION	PART II, OTHE	R SIGNIFICANT CON	DITIONS CO	ONTRIBUTING TO DEATH E	BUT NOT	RELATED TO THE T	ERMINAL DISEAS	SE CONDITION GIV		PERFORMED?
		PRIMARY OF CON	SE WAS TRIBUTING []	b. DESCRIBE	HOW INJURY OCCURRE	D. (Ente	r noture of injury in	Port I or Port II	l of item 18.)	7	
	MEDICAL	Hour o. m.		While	Not while	PLACE factory,	OF INJURY (Home, street, office bldg.,	form, 20f. (City	y or fown)	(County)	(Stote)
The state of the s		21. I certify the	at I took charge	of the r	emains described	obove	held an Auto	opsy 7. 1	nspection 3	Inquiry [and in my
opinion death resulted from: Natural causes , Accident , Suicide , Hamicide , Undetermined manner						-					
ACTUAL SIGNATURE OR CHIEF MEDICAL EXAMINER DATE SIGNED			lea	0	dam	A	1. D.				DATE SIGNED
ASSISTANT MEDICAL EXAMINER EXAMINER'S NAME (Type) R C Dod Son DEPUTY MEDICAL EXAMINER 1-6-59			P.C.Do	dwan						1_6_50	
The August Constitution of the Part Street Constitution of the	220				22. MANE OF STREET	00.00					
REMOVAL (Specify)	220	REMOVAL (Specify)		-	D	OK CK	EMATORT	ZZd. LOCA	TION (Cily, fown,	or county)	(Stote)
BUNIAL 1-9-1959 ROSEBANK COLUENT CECILES / 1-	22-			1939			24 4	DECID BY DECID	vent (ec1/6	175
Hoseph P. Frant north East and DATEN 9 159	T	TOSEAR OR "	Frant >	with		1					

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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518 **CERTIFICATE OF DEATH**

Reg. Dist. No.

1.	a. COUNTY C	cil	MARYLAND	o. STATIaryland	d b. COUNTY	Address al, Perry Point, Months Days Hours Markers al, Perry Point, Months Days Markers al, Perry Point, Months Days Markers al, Perry Point, Months Days Markers al, Perry Point, Ma	assion)
	B. CITY OR TOWN (I	f autside corporate limits, write arest (own)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF o	utside carporate limits, write RL Ltimore	URAL and give nearest to 3×-2	wn)
	Veterans A	AL (If not in hospital, give stree dministration	Hospital	d. STREET ADDRESS 451 Oxford	d Court	ON	A FARM?
	NAME OF DECEASED (Type or print)	WILLIAN		BAILEY	4. DATE Mont OF DEATH January	/	Year 19 59
	Male Male	6. COLOR OR RACE 7- MAI	VED DIVORCED	October 23,18	389 log prithday)		
100	during most of work	N (Give kind af wark dane 10th	. KIND OF BUSINESS OR INDUST Unknown	North Ca			AT COUNTRY?
13.	FATHER'S NAME Elijah	Bailey		14. MOTHER'S MAIDEN N	th Nixon	2768	
15. (Ye		R IN U. S. ARMED FORCES?		FORMANT Pital Records			, Md.
ATION	Conditions, if an gave rise to in cause (a), stating I lying cause last.	DUE TO Ty, which on mediate the under- ER SIGNIFICANT CONDITIONS	ronchopneumoni unresolved yelonephritis, contributing to DEATH BUT N riosclerotic h	right kidne	ey organism un	s 5-6 d	known s AUTOPSY CORMED?
CERTIFICATION	200. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY		SCRIBE HOW INJURY OCCURRED			YES	1 NO[]
MEDICAL	20c. TIME OF INJURY Haur a. m. p. m.	While		CE OF INJURY (Hame, form, ory, street, affice bldg., etc.	20f. (City ar tawn)	(Caunty)	(State)
	ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	S. P. LACER	Clium M	Director	 M, from the causes ar ADDRESS (Street, city or town, s 	nd an the date sta state)	nted obave. DATE SIGNED
	BURIAL, CREMATION REMOVAL (Specify)	1/13/59	22c. NAME OF CEMETERY OR Baltimore Nat		22d. LOCATION (City, town, or Baltimore, Mc		ate)
23.	FUNERAL DIRECTOR'S	11	ADDRESS Havre De	Grace MdoATE JAN	BY REGISTRAR 246. REGIST	TRAR'S SIGNATURE	1874

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Annual Service Co.	The second secon	Olyonolpapinsin		

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	511	CERTIFICA	TE OF DEATH	1	imoke, i	Reg. D	ist. No	105	01
	PLACE OF DEATH o. COUNTY Cecil	MARYLAND	2. USUAL RESIDENCE (WHO STATE Maryland		d lived. If institution b. COUNTY	n Reside	nce befo	ore admiss	ion)
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Elkton	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF a	outside corpo	rote limits, write RI	JRAL and	give ne	arest town)
	d. NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION Union Hospital	oddress)	d. STREET ADDRESS 306 Land	ling	Lane			e. IS RES ON A YES	FARM?
	NAME OF DECEASED (Type or print) Mary	Middle Louisa (ONDEV.	4. DATE OF DEATH,	Mon January	th	23,	,	Year 19 59
	sex 6. COLOR OR RACE 7. MAR emale White widow		sept. 22. 1	877	9. AGE (In years lost birthdoy) 81 yrs.	Months	Days	Hours	Min.
	USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	KIND OF BUSINESS OR INDUS	TRY 11. BIRTHPLACE (Stote Marylar		ountry)	12. CI	TIZEN C	A.	COUNTRY?
13.	FATHER'S NAME William A. Queck		14 MOTHER'S MAIDEN N	Godsl	nall				
15. (Ye	WAS DECEASED EVER IN U. S. ARMED FORCES? In or unknown) Iff yes, give wor or dates of service)	All and the second seco	ement Y. V	augha	Addr in, Ches		ake	Cit	y. Md.
	18. CAUSE OF DEATH [Enter only one couse per li PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o). /74 Conditions, if ony, which gove rise to immediate couse (o), stating the under-lying couse lost. [c]	Mexicoto to	pelax co	sents	ma-			ERVAL BE SET, AND	
MEDICAL CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT				EN IN PA	RT 1(0)	PERFO	AUTOPSY PRMED? NO 📉
MEDICAL	20c. TIME OF INJURY Month, Doy, Year 20d. I Hour o. m. While p. m. 19	_ Not while _ foc	CE OF INJURY fHome, form tory, street, office bldg., etc.	20f. (City	or town)		(County)		(Stote)
	21. I certify that I attended the decear alive on		accurred at 12:44	4M, from	n the causes a reet, city or town,	nd on		te state	
220	Burial, Cremation, 22b. Date Thereof REMOVAL (Specify) Burial 1/26/59	Bethel Cer	retery		TION (City, town, o	r county)	and	(Stot	e)

240. REC'D BY REGISTRAR
JAN 2 8 59

DATE

246. REGISTRAR'S SIGNATURE

ADDRESS Elkton, Md.

TO HOSPITAL OR VS A1S (4) 15M 9/SS

MARYLAND STATE DEPARTMENT OF HEALTH-EALTHORE, I

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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		6.3	31	5	CERT	IFICA	IE OF D	EATH			Reg. Dist	. No.	90	6
1. PLACE a. COL	OF DEATH JNTY	C	ecil		MAR	YLAND	2. USUAL RESID	DENCE (Who	ere deceased liv	ed. If institut b. COUNTY		befare	admissi	ion)
	OR TOWN		rporote limits	, write	c. LENGTH OF STA	Y IN 16	c. CITY OR T	OWN (If or	tside carporate	limits, write F	RURAL and gi	ve near	est tawn)
KOK		y Poi		1	3yrs.llm	0.27	ays W	Vashi	ngton	1	17x	3		
d. NAA	ME OF HOSP	ITAL (If not in	n hospital, giv	ve street o	ddress)		d. STREET A	DDRESS				e.	IS RESI	DENCE FARM?
			istrat	ion	Hospital		928	Snow	s Court	, N.W.			-	NO 📆
3. NAME DECEA	OF		First	1	Middl	e	Losi		4. DATE	Moi	nth	Day	Y	regr
	r print)		EDW	ARD	(NM	I)	GARNET	PT T	OF DEATH	Jan	uary	12	1	959
5. SEX		6. COLOR	OR RACE	7. MARRI	ED NEVER MARR	IED B	DATE OF BIRTH	1	9. 4	GF (In years	IF UNDER I			
Ma	le	Ne	gro	WIDOWE	DIVORC	ED 🗌	Februar	ту 7.	1904	54 yrs.	Manths D	ays	Haurs	Min.
10a. USUA	AL OCCUPAT g mast af wo	ION (Give ki	nd of work de	ane 10b. I	CIND OF BUSINESS	OR INDUST	RY 11. BIRTHPL	ACE (State o	ar fareign count	ry)	12. CITIZ	EN OF	WHAT	COUNTRY
	Labo		en n temedy		unknown		Wash	ingt	on, D.C		U	SA		
13. FATHE	R'S NAME					-	14. MOTHER'S							
)	E	dward	Garne	tt.	Sr.		Louis	a Sp	riggs					
15. WAS E	DECEASED EV	ER IN U. S.		ES? 16. S	OCIAL SECURITY NO). 17, IN	FORMANT		-00-	Add	ress			
Yes		W			t availa	ble H	ospital	Rece	ords. V	AH Per	rry Po	int	. Mo	d.
		ATH [Enter	only one cou		for (a), (b), and (c							INTER	VAL BET	TWEEN
	PART I. DE	ATH WAS CA	AUSED BY:	Bro	nchopneu	monia	. bilat	eral	lower	lober		ONSE	AND	DEATH AVS
2	041		DUE TO		resolved									
Con	ditions, if	any, which) (b)_		nulocyti	e luk	emia bo	ne m	arrow a	cute		11	nkne	กพท
	e rise to e (a), stating		DUE TO											- 11 42
	g cause last		(c)_	wall b										
CERTIFICATION OR CO				ITIONS CO	ONTRIBUTING TO DE	ATH BUT N	OT RELATED TO	THE TERMIN	NAL DISEASE CO	NDITION GIV	VEN IN PART		PERFOR	AUTOPSY RMED?
	ACCIDENT WONTRIBUTING	AS UNDERLY G CAUSE Y MEDICAL E	ING DEATH XAMINER)	ROB. DESC	RIBE HOW INJURY (OCCURRED.	(Enter nature af	injury in P	art I or Part II a	of item 18.)				
	ME OF INJU Haur a.m.		Day, Year	While	JURY OCCURRED Nat while	20e. PLAC	CE OF INJURY II	lome, form, bldg., etc.)	20f. (City or I	lawn)	(Co	unty)		(State)
	p. m.	VA	19	at wark										
					d from Janu		6 , 1945	, to Jai	nuary 1	3, 19 58	MEXXE	XXX	XXXX	XXXXX
761K2K	XXXXX	XXXXX	XXXXX	XXXXX	XXX, and that	death	occurred at					date	state	d abave
ACTU	\		X	na	21111				DDRESS (Street,				DA	TE SIGNED
SIGN	ATURE		V.	acco	mu	M	D. V.A.	Hosp:	ital,Pe	rry Po	oint,	Md.	1.	-13-5
	CIAN'S													
	E (Type)			ERVA				tor,	Profes	siona	L Serv	ice	8	
REMO	OVAL Specify	ON, 22b. DA	ATE THEREOF		22c. NAME OF CEN		CREMATORY		22d. LOCATION	City, tawn,	or county)		(State)
	-	1//	14//	959	ONKNI	2 WIN			WASI	21297	ON	1)	C.	
23. FUNER	DIRECTO	R'S SIGNATU	RE A	959	ADDRESS	nun		24a. REC'D	BY REGISTRAR AN 2 0 '59		STRAR'S SIGN	LATURE	C.	

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HEALTH DEPT.

al de or. Page de front files. Baarg-ef-Health, TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessexecute the control of the word "pending" in pendil in Item, 18. Give Pages 1, 2, and 3 to the funeral distance a should be far worded to the Chief Medical Examiner's Office along with farm PM3. Page 5 may be retained if TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board ar its designated agent, prior to burial, cremation, or remayal, and in any every within 2 hours after death.

VS. A15ME 5M 2/57

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

00509 Rea Dist No

								g		
t. PLACE OF DEATH	ecil		MARYLAN	O STATE	ESIDENCE (W	/here decease	d lived. If institu			dmission)
b. CITY OR TOWN (If and give negres) town	outside corporate limits, writ	RURAL	c. LENGTH OF STAY IN 1	b c. CITY C	OR TOWN (IF	outside corp	orate limits, write	RURAL and giv	ve negresi	t town)
	ills		all lif	e X E	1kmi1	ls				
d. NAME OF HOSPITA	AL OR INSTITUTION (tf not in hos	pital, give street address)	¢ STREET	ADDRESS				(S RESIDENCE ON A FARM? S NO 3
3. NAME OF DECEASED (Type or print)	Walter	nt .	Middle L	Gregg	ost	4. DATE OF DEATH	Mont	h (Doy 14	Year 19 59
5. SEX	6. COLOR OR RACE	7. MARRIE	D NEVER MARRIED	B. DATE OF BIR	TH		9. AGE (In years	IF UNDER THE	AR IF U	NDER 24 HRS.
M	W	WIDOWED	DIVORCED [8-79-	1888		fost birthday)	Months Day	ys Hou	Min.
100. USUAL OCCUPATIO	ON (Give kind of work g tile, even if retired)	done 10b. K	IND OF BUSINESS OR INDI	USTRY 11. BIRTHI	LACE (State	or fareign ca	untry)	12. CITIZEN	V OF WH	AT COUNTRY?
Packer i	B	Plant	Fiber		Cecil	Co.	Md.		U.S.	. A.
13. FATHER'S NAME	and the state of t	10110	47004	14. MOTHER	S MAIDEN N	AME				
Fran	k Gregg			1 An	nie	Saarh	orough			
15. WAS DECEASED EVI			SOCIAL SECURITY NO. 17	NEORMANT		UCALL	Address			
no	fit you give wer or delet or	2	17-09-3241	Miss	Greg	g. F.7	kmills.	. Ma		
18. CAUSE OF DEAT	TH [Enter only one cou	ise per line l	for (a), (b), and (c).]			0.7.		Ti	INTERVAL BE	
PART I. DEAT	H WAS CAUSED BY:		Acute Core	onary O	celline	ion			OWSEL YAR	DEATH
420.1	DUE TO	-			المنطقين					
Canditians, if o	ny, which) (b)									
gove rise to immed (a), stating the	liate couse									_
couse last.	(c)									
PART II, OTH	IER SIGNIFICANT CON	DITIONS CO	INTRIBUTING TO DEATH BU	T NOT RELATED T	O THE TERMI	NAL DISEASE	CONDITION GIV	EN IN PART 1		AS AUTOPSY REORMED?
5									YES [- 400
PART II, OTH	ISE WAS NTRIBUTING []	b. DESCRIBE	HOW INJURY OCCURRED	. (Enter nature of	injury in Part	I or Port II o	of item 18.)			
20c. TIME OF INJUIT	Y Month, Day, Yes			LACE OF INJURY	(Home, form,	20f. (City	or town)	(County)	(State)
Hour o.m.	19	White of wa	rk ot work	actory, street, affic	ce sing., erc.)					
21. I certify th	of I took charge	of the r	emoins described o	bove, held a	n Autopsy	, In	spection []	Inquiry	Tat:	ond in my
			ouses . Acciden							,
/	DON	1	. / . /		٠,			· · · · · · · · · · · · · · · · · · ·		7
ACTUAL SIGNATURE	11/1/1	141	Lan	VI CHIEF	MEDICAL EX	AMINER			DAT	TE SIGNED
SIGNATORE	000			ASSIST	ANT MEDICA	L EXAMINER		,	1-1,	5-34
EXAMINER'S NAME (Type)	R.C.Do	dson		DEPUT	Y MEDICAL E	XAMINER -		/		
220. BURIAL, CREMATIO REMOVAL (Specify)	N. 22b. DATE THEREC		22c. NAME OF CEMETERY	OR CREMATORY		22d. LOCAT	ON (City, town,	or county)	(S	itote)
Burial	1/17./	59	Sharps Ce	meterv		Fa.	r Hill	. Mary	rlan	d
23. FUNE AL DIRECTOR	S SIGNATURE .	1	ADDRESS	_	240. REC'D	BY REGISTR	1	STRAR'S SIGNA	TURE	
Falph 10	5 Hic	Es	Elkton,	Ma.	DATE	IAN O A	150	Tother &	Kinya	
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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5M 2	2/57	

		1/2	2:	LEXAMIN	IEK J	CERTIF	ICAI	E OF	DEATH	Reg.	Dist. No).	4		
	COUNTY	ecil	~ 1	MAR	YLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Md. b. COUNTY Cecil									
Ь	. CITY OR TOWN (If or and give pearest town)	utside corporate limits, wri	te RURAL	c. LENGTH OF STAY	IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)									
	North	East. R	. D.	25 yr	S	× Nor	th E	ast.	R.D.						
C	I. NAME OF HOSPITAL	L OR INSTITUTION	(If not in hosp	ital, give street addre	088)	d. STREET A	DDRESS					ON.	A FARM?		
- (NAME OF DECEASED (Type or print)	Willia	rst M	Middle T		Grier		4. DATE OF DEATH	Mon 1	lħ.	Doy 2)	9 59		
5. 5	EX	6. COLOR OR RACE	7. MARRIE	NEVER MARRI	ED 🔲 8.	DATE OF BIRTH			9. AGE (In years fost birthday)	-	RIYEAR		ER 24 HRS.		
	M	W	WIDOWED	DIVORCED		12-1-	1901		57 yrs	Months	Days	Hours	Min.		
	. USUAL OCCUPATION furing most of working Cabinet				bine		ACE (Slote o		auntry)	12. CI		F WHAT	COUNTRY		
13.	FATHER'S NAME	1101101	1 22	arrang va	DIIIC	14. MOTHER'S					0.1	J . M.			
	Rob	ert T Gr	iem			E11	a Ch	urn	side						
	WAS DECEASED EVER	R IN U. S. ARMED FO	ORCES? 16. 5	OCIAL SECURITY NO). 17. IN	FORMANT	011	Com / I	Addres	16					
(Ves	no, er unknown) (I	If yes, give war ar dates a	2	18-05-54	4+	Sara M	I. Gr	ier,	North	East	. Mo	d.			
	18. CAUSE OF DEATH	I [Enter only one co	use per line f	or (o), (b), and (c).]							INTE	RVAL BETWEET AND DE	EEN		
	PART I. DEATH	WAS CAUSED BY)	Acute C	oron	ary Oc	clus	ion			Civisi	TI VIAO OE	NIII		
	420.1	DUE TO													
	Canditions, if any	y, which) (t)								100				
	gove rise to immedia (o), stating the un	ofe couse													
	couse tost.	-	()												
ATION	PART II. OTHE	R SIGNIFICANT CO	NDITIONS CO	NTRIBUTING TO DEA	TH BUT N	OT RELATED TO	THE TERMIN	NAL DISEAS	E CONDITION G	IVEN IN PA		9. WAS PERFO YES [AUTOPSY RMED? NO		
CERTIFIC	200. EXTERNAL CAUS PRIMARY OF CONT CAUSE OF DEATH.	SE WAS TRIBUTING []	Ob. DESCRIBE	HOW INJURY OCCU	JRRED. (E	nter noture of in	jury in Port	t or Port II	ol item 18.)						
S	20c. TIME OF INJURY	Month, Day, Ye		NJURY OCCURRED		E OF INJURY (H		20f. (City	or town)	(C	ounly)		(State)		
MEDI	Hour o. m. p. m.	19	While of wor	k ot work	TECTO	ry, street, affice	biog., etc.)								
	21. I certify the	at I taak charg	e of the re	emains describe	ed aba	ve, held an	Autopsy	, li	nspection 🚣	, Inqu	ігу 🗍	z an	d in my		
	opinian death r	esulted from:	Natural c	ouses T. Acc	ident [], Suicide	- D, H	lamicide	, Undet	ermined	manne	er 🔲			
	1	700	0.	0	, ,										
	ACTUAL SIGNATURE	al !!	100	an	12	N.D. CHIEF M	EDICAL EXA	AMINER [DATE S	IGNED		
						ASSISTAL	NT MEDICA	L EXAMINE	R 🔲						
	EXAMINER'S NAME (Type)	R.C.D	odson			DEPUTY	MEDICAL E	XAMINER [Dx.	1	-29-	- 59			
22c	- BURIAL, CREMATION REMOVAL (Specify)			22c. NAME OF CEME	TERY OR	CREMATORY			TION (City, town		-	(Stat	12.		
-	Cremation	1-29-	59	Silver	Bro				ilmingt		New	Cat	tile		
23/	TUNERAL DIRECTOR'S	SIGNATURE P	+ -	ADDRESS 6	0.04	md	24o. REC'D			Thur d.	GNATU	PE			
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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH

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	522	CERTIFICA	ATE OF DEATH	1	Reg. Dist. No.
1. PLACE OF DEATH		MARYLAND	2. USUAL RESIDENCE (Who o. STATE Maryl		on: Residence before admission) Cecil
b. CITY OR TOWN (If outside corp RIPAL and give negrest town)		25 yrs.	c. CITY OR TOWN (If o	un, Rura	
d. NAME OF HOSPITAL (If not in OR INSTITUTION	hospitol, give street odd	ress)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM? YES NOZE
3. NAME OF DECEASED (Type or print) David	Lewis	Middle Hall	Last	4. DATE OF DEATH 1/ 21	Day Year 19 59
5. SEX 6. COLOR Whi	te WIDOWED		- / / -	9. AGE (In years last birthdoy) 74 yrs.	IF UNDER 1 YEAR IF UNDER 24 HRS Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind during most of working life, even	of work done 10b. KIN		d Bayview	, Maryland	U.S.A.
13. FATHER'S NAME William Edwar	d Hall		Susan Re	becca Davids	son
15. WAS DECEASED EVER IN U. S. AF (Yes. no. or unknown) (If yes, give war	or dates of service)		Mrs.Florenc	e Hamm Risir	
Conditions, if ony, which gove rise to immediate couse (a), stating the <u>under-lying couse last.</u> PART II. OTHER SIGNIFIC	(b) DUE TO (c) ANT CONDITIONS CON	pertus.		NAL DISEASE CONDITION GIV	EN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES \(\text{NO} \)
OR CONTRIBUTING CAUSE OF CONTRIBUTING MEDICAL EX	F DEATH	E HOW INJURY OCCURRE	D. (Enter noture of injury in I	Port I or Port II of item 18.)	
20c. TIME OF INJURY Month, Hour a. m. p. m.	Doy, Year 20d. INJU While of work	Not while fo	ACE OF INJURY (Home, form ctory, street, office bldg., etc.	, 20f. (City or town)	(County) (State)
			accurred at 11 10		that I last saw the deceased d an the date stated above store) DATE SIGNED In 22-57
PEMOVAL (Specify)	- 40	Rc. NAME OF CEMETERY C	r CREMATORY ngham Cem.	22d. LOCATION (Oity, town, o	or county) (State) Md.
23 FUNERAL DIRECTOR'S SIGNATURE	ullen	Rising Su	n Mdd		STRAR'S SIGNATURE

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TO ATTENDING

525 CERTIFICATE OF DEATH

Reg. Dist. No.

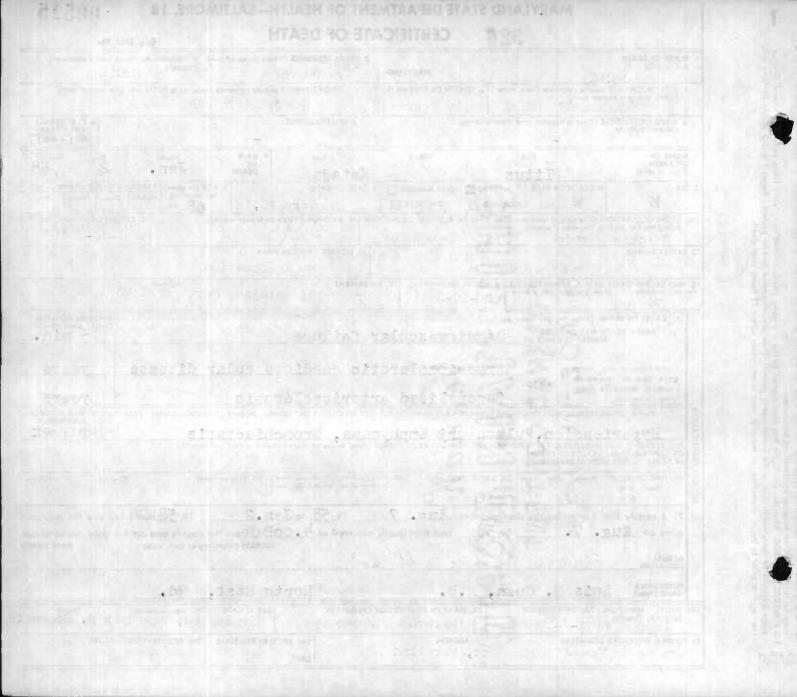
	1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED									
	COUNTY Cecil MARYLAND	STATE Md. COUNTY Cecil									
	CITY (If outside corporate limits, write RURAL LENGTH OF STAY	CITY (It outside corp	orata limits, write RURAL an								
	Town and sip 8318 town beposit, Rura [in this place]	TOWN Port	Deposit,	Rural							
	HOSPITAL OR INSTITUTION OR	STREET (II rural give location) ADDRESS									
0	STREET ADDRESS Woodlawn Rd.	ADDRESS	Woodlawn J	Rd.							
	3. NAME OF (First) (Middle)	(Lest)	4. DATE (Mont								
	Grover Cleveland Ja	ckson	DEATH]	20 19 59							
	5. SEX 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE O	OF BIRTH	9. AGE lest birthdey	IF UNDER 1 YEAR IF UNDER 24 HRS							
	Male White Wildwirted Oct.	14, 1888	70 yrs.	Months Days Hours Min.							
	10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS	11. BIRTHPLACE (State or lore	, 0	12. CITIZEN OF WHAT							
	done during most of working life, even it retired) Painter House	Maryla	nd	COUNTRY? U.S.A							
-	13. FATHER'S NAME	1 14. MOTHER'S MAIDEN		ODA							
	John Jackson	Jane	Simm	mers							
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT &	ADDRESS								
	(Yas, Nor unk.) (Il Yes, give wer or detes of service) 220-09-2466	Eva Jaci	cson Port I	Deposit Md RFD							
Н	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	RIFICATION		INTERVAL BETWEEN ONSET AND DEATH							
		1/250.1.	- Roois								
Н	443 X IMMEDIATE CAUSE (A)	- "		1							
	ANTECEDENT CAUSE(S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO	· Co-fish	laselo-4	es. s. 5 yes.							
П	IT OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		A								
	TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	restaliones	of face	24rs.							
1	19e. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	r-medelele	1	20. AUTOPSY?							
	21a. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, ferm, fectory, 2	21c. WHERE DID INJURY OCCU	IP 2 (City or town)	(County) (State)							
	OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., etc.) (IF EITHER, NOTIFY MEDICAL EXAMINER)	rie. White Did INJORT OCC	or (City of lown)	(County) (State)							
	21d. TIME OF INJURY (Month) (Dey) (Yeer) (Hour) 21e. INJURY OCCURED While While et work et work	21f. HOW DID INJURY OCCU	JR?								
	22. I hereby certify that I attended the deceased from 12-18-	1954,10/-	23 1955	, that I last saw the deceased							
1	alive on 1-20, 1992, and that death occurred at										
5 10M	SIGNATURE M.D.		RESS (Street, city, town								
1-55	23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR	CREMATORY	LOCATION (City, town,	, or county) (State)							
A15C	Burra (Seciety) 1-23,1959 Asbury Ce	emetery	Port Depo	sit,Md.Rural							
S	24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S		ADDRESS							
	DATE JAN 23 '59 C Than 2 thouse	LEVa latte	rentsone	Perryville ,Md.							

		226	CERTIF	ICAII	OF DEA	LT-		Reg. Dist	. No.	
1. PLACE OF DEATH o. COUNTY CEC	CIL		MARYLA		USUAL RESIDENCE (STATE MARYLAN		b. COUNTY	n: Residence		Imission)
RURAL and give no			c. LENGTH OF STAY IN		c. CITY OR TOWN (If outside carpora		IRAL and gi	ve nearest	town)
	TH BAST RU [AL (If not in hospital, s	RAL give street	16 years		d. STREET ADDRESS	IH EAST	RURAL		e. IS	RESIDENCE
	-					states			YE	S NO
3. NAME OF DECEASED (Type or print)	Fi T11		Middle	K	ata ja	4. DATE OF DEATH	Jan		2 Day	19:58 19:58
5. SEX	W	WIDOW			Lanuary	10,1890	lost birthdoy)			INDER 24 HRS.
100. USUAL OCCUPATION during most of work	ting life, even it refired	done 10b.	FARM OWNER		11. BIRTHPLACE (Sto FINLA		ntry)	12 US A	EN OF W	HAT COUNTRY 1 Pal 1 Zeo
13. FATHER'S NAME	Harmer		C1401 011125		MOTHER'S MAIDEN					
	no info	rmat	ion		no i	nformati	.on			
15. WAS DECEASED EVE (Yes, no. or unknown)	R IN U. S. ARMED FOR (If yes, give wor or dates of t	menuca)	social security No. 70-10-2891	17. INFOR	MANT s Helmi K	ataja	North Ea	ist Rd	1 Mc	
Canditions, if a gove rise to it cause (a), stating lying cause lost.	TH WAS CAUSED BY: IMMEDIATE CAUSE (o DUE TO ny, which mmediate the under- (c)	Canal	ne for (o), lb), ond (c), journal ovascu rterioscle eneralized CONTRIBUTING TO DEATH	roti	c cardio	rosis			ONSET 5	ears
3 Hyper	tension.F	ulme	ona rt Emp	hvse	ma. Bron	chiecta	asis	IN IN PARI	PE	RFORMED?
20c, TIME OF INJUR Hour o. m. p. m.		While	NJURY OCCURRED 20 Not while t of work	e. PLACE (factory,	DF INJURY (Hame, fo street, office bldg., o	irm, 20f. (City o	r town)	(Co	unty)	(State)
ACTUAL SIGNATURE	gus	deceos	us 4 M		, 19.58, ta J urred at 4.0) Nor	QPM, fram	et, city or town, st	nd an the		
220. BURIAL, CREMATIO REMOVAL (Specify)	N, 226. DATE THEREC		22c. NAME OF CEMETE Silverbrook		MATORY	22d. LOCATIO	ON (City, town, or ngton, N	county)	stle,	Stote) Delawa:
23. FUNERAL DIRECTOR	SSIGNATURE	th Ea	ADDRESS ast, Maryland	1	24a. RE	C'D BY REGISTRA	R 24b. REGIST			

O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs ofter death. Page 4 may be retained by the haspital or attending physician.

O FUNERAL CTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the registrar prior to burial, crematian, ar remayal, and in any event within 72 hours ofter death. TO FUNERAL

TO HOSPITAL OR VS A15 (4) 15M 9/55



L		17	160	CEICI	1110		OI DE	711				Reg. Di	st. No.		
1.	PLACE OF DEATH o. COUNTY Cecil			MAI	RYLAND	a.	sual RESIDEN STATE arylan	-	iere deceased		institution OUNTY Ceci	_	nce befor	e admiss	ian)
	b. CITY OR TOWN (If outsice RURAL and give nearest to Elkton		write	c. LENGTH OF STA		c.	CITY OR TOW		outside corpo	rate limits,	write RUI	RAL ond	give nea	rest town)
	d. NAME OF HOSPITAL (IF	not in haspital, give	street o			10	STREET ADD	-							IDENCE FARM?
3.	NAME OF DECEASED (Type or print)	First	VQu	Midd J		K;	Loss		4. DATE OF DEATH	J	Month		8		Year 1959
	-		MARRI	DIVORC			et. 12	, 1	394	9. AGE (1 last bir 64		Months	Days	Hours	R 24 HRS. Min.
10	o. USUAL OCCUPATION (Ginduring most of working life Farmer	ve kind af wark dan e, even if retired)		kind of Business arming	OR INDU	STRY 1	n. Birthplace	_		ountry)			U.S.		COUNTRY
13	FATHER'S NAME					14.	MOTHER'S MA								
_	Edwin Ki						Regin	a L	oflir	1	4.11				
15	WAS DECEASED EVER IN U	S. ARMED FORCES		SOCIAL SECURITY N		Irs.		ric	e P.	Kie	Addre ffer		lkto	on,	Md.
7	Canditions, if ony, w gave rise to immed cause (a), stating the <u>un</u> lying cause last.	der- DUE TO			osto			(Car)	8	16	OM	1			
CERTIFICATION	PART II. OTHER SIG	SNIFICANT CONDIT	IONS C	ONTRIBUTING TO D	EATH BUT	TON	RELATED TO TH	E TERMI	NAL DISEASI	E CONDIT	ION GIVE	N IN PAI	RT 1(a) 15	PERFO	RMED?
		USE OF DEATH	b. DESC	RIBE HOW INJURY	OCCURRE	D. (Ent	er nature af in	ury in F	Port I ar Part	t II of item	18.)				
MEDICAL	20c. TIME OF INJURY Mo Haur a. m. p. m.		While	Nat while at wark			F INJURY (Ham treet, affice blo			ar town)		(Caunty)		(State)
	21. I certify that I alive on	attended the de	12 L	ed from Org		0000		w a	M, fran	n the co	uses an	d an t	last so he dat	e state	decease ed abave ATE SIGNE
	PHYSICIAN'S	ford H.	Sr	recher,	M.D).	Elkt	on,	Md.						
П.	Bur 191	b DATE THEREOF		Gilpin				al	22d. LOCAT		kton	,,,	d.	(Stat	•)
23	ELEN E	Hick	s	ADDRESS Elkton	, Md				D BY REGIST		b. REGIST	RAR'S SI			

may be retaint by the haspital ar attending physicion.

TO FUNERAL DESCRIPTION OF After this certificate has been signed by the ottending physician and campletely filled in by uneral director, page 3 should be detached far use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 smould be filed with the registrar priar to burial, crematian, or removal, and in ony event within 72 hours offer death. TO HOSPITAL OR ATTENDING PHYSICIAN; The law requires that the death certificate be executed within 24 hours after death. Page 4

VS A15 (4) 15M 9/55

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 513 CERTIFICATE OF DEATH

Rea. Dist. No.

00517

1. PLACE OF DEATH o. COUNTY Cecil	MARYLAND	2. USUAL RESIDENCE (Where des	b. COUNTY ecil	ence before admission)
b. CITY OR TOWN (If outside corporate limits, we RURAL and give nearest town)		c. CITY OR TOWN (If outside	corporate limits, write RURAL and	give nearest town)
Elkton	Lifetime	2/ Elkton		
d. NAME OF HOSPITAL (If not in hospital, give st OR INSTITUTION	treet oddress)	d. STREET ADDRESS		e. IS RESIDENCE
"At home"		219 W. High	Street	YES NO 🔼
3. NAME OF DECEASED First	Middle C	, , , OI	To .	Day Year
		The state of the s	Vandayy	
D. CITY OF TOWN (If outlide corporate limits, write built of the country of the c				
10o. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	106. KIND OF BUSINESS OR INDUS	STRY 11. BIRTHPLACE (State or fore	ign country) 12. C	ITIZEN OF WHAT COUNTRY
		Maryland		U.S.A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME		
William Cooke		Margaret W.	ilson	
		NFORMANT		
	214-03-0841 M	Irs. Margaret	Boyd, Elkton,	Md.
Conditions, if ony, which gove rise to immediate couse (a), stoling the under-tying cause tost. IMMEDIATE CAUSE (b)	Fritare Artario	sclaros;		RT 1(a) 19. WAS AUTOPSY
S Non ACCIDENT WAS INTERPRINED TO 120h	DECCRISE HOW IN HUR OCCURRE			YES NO
	DESCRIBE HOW INJURY OCCURRED	o. (Enter nature of injury in Port I o	r Port II or item 18.)	
Hour o.m.	/hile Nat while fac	ACE OF INJURY (Home, form, 20f. tory, street, affice bldg., etc.)	(City or town)	(Caunty) (State)
alive an I the Company of the Signature of the Company of the Comp	Spreade,	accurred an M, ADDRE	fram the causes and an	the date stated above.
220. BURIAL CREMATION, 22b. DATE THEREOF BURIAL (Specify) 1/14/59		ant amer	d. STREET ADDRESS 219 W. High Street Lost APATE OF BIRTH DEATH DOWN Months Doys Hours Min. Maryland Maryland Maryland Margaret Wilson MANT Margaret Wilson MANT Margaret Boyd, Elkton, Md. INTERVAL BETWEEN ONSET AND DEATH DE	
23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS Md.			0 1/

VS A15 (4) 1SM 9/5S

The State St	HUVE DEVILLE		1816
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	TOPE FRA.		
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			EMERICAL CONTROL
		esta de la companya d	
	SALED A SUN BEAUTION	UH2A	

CERTIFICATE OF DEATH

Reg. Dist. No.

1.	1. PLACE OF DEATH o. COUNTY Cecil MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) b. COUNTY Cecil Maryland Cecil							dmissian)				
	b. CITY OR TOWN (If RURAL ond give ne	outside corporate limi arest town)	ts, write	c. LENGTH OF STA	Y IN 16	c. CITY O	R TOWN (If a	outside corpo	rote limits, write f	URAL and g	ive nearest	town)
_		Elkt			lcs.	21		Elkto	n.			
	d. NAME OF HOSPITA OR INSTITUTION	AL (If not in hospital, g	ive street	address)		d. STREET	ADDRESS				e. IS RESIDENCE	
_		Union H	ospi	tal			123 1	West	Lain st	- 9		
	NAME OF DECEASED	Fir	st	Middl	e		.ast	4. DATE	Mor	nth	Doy	Yeor
-	(Type ar print)	Helen		Dorot		Ly	nch	DEATH			31	1959
5.	SEX	6. COLOR OR RACE	7. MARR	NEVER MARK	IED 🔲	8. DATE OF BI	RTH		9. AGE (In years	IF UNDER		
L	F.	V.	WIDOWI	Total Control		May	24 18	90	68 yrs.	Months	Days Ho	ours Min.
100	. USUAL OCCUPATIO	N (Give kind of work ing life, even if retired)	lone 10b.	KIND OF BUSINESS	OR INDUS	TRY 11. BIRTH	PLACE (Stote	or foreign c	ountry)	12. CITI	ZEN OF W	HAT COUNTRY?
	Hous	1 1 1					Marv.	land		1	U.S.	A .
13.	FATHER'S NAME					14. MOTHER	'S MAIDEN N	NAME				
		Tames Hem	nell			100	Ma	reare	et Bart	lev		
15.		IN U. S. ARMED FOR		SOCIAL SECURITY NO	O. 17. II	NFORMANT						
1		in yes, give war or dates or s	2	220-22-90	147 1	rs Do	ris W	arrin	ston.	Ikto	n.No	
	18. CAUSE OF DEA	TH [Enter only one co	use per lir	ne for (o), (b), and (c)	-1	1 1						
		TH WAS CAUSED BY:	/	1. 1.	120%	- 6	0	1.	1			
	175.0	DUE TO	1	Cole At	M. M.	771163		7 7 16	4761		100	RSIA
	Canditians, if on		1	1 2.00	1		/		11		6	
	gave rise to in	nmediote (-/-/	ally near	7	1 400	200	07	1633482	di pra	6	CED.
	lying cause last.	ne unger-	/	101/	Carl	- 1		,			1/-	2
Z		FR SIGNIFICANT CON	DITIONS C	CONTRIBUTING TO DE	ATH BUT	NOT RELATED	TO THE TERMI	NAI DISEAS	E CONDITION GIV	/FN IN PART	1/01/19 W	/AS AUTOPSY
¥				1				INAL DISEAS	2011011011	LIA (IA / AK)	PE	ERFORMED?
FF	20g. ACCIDENT WAS	S UNDERLYING []	20b. DESC	RIBE HOW INILIRY				Port Lor Port	U of item 18.1		YES	NOM
L CERTIFICATION	OR CONTRIBUTING	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)				, (Ellier Holdy	01 111 017 111 1		in or tiem to.,			
MEDICAL	20c. TIME OF INJURY Hour a. m.	Month, Doy, Yes		NJURY OCCURRED	20e. PLA	CE OF INJURY	(Home, form	20f. (City	or town)	(Co	ounty)	(Stote)
MEC	p. m.	19	While of world	Not while of work	.00	1017, arreer, 011	ice biog., etc.					
	21. I certify the	at I attended the	decease	ed fram _ 155	27	. 19.5	2. ta /	. 31	1953	that I le	ast saw t	the deceased
	alive on/_	22 0	. 195	- 4	death			M from				
		1/1 ,	_,	17/	deam	occorred o	-44	ADDRESS (SI	reet, city or tawn,	state)	e date s	
	ACTUAL SIGNATURE	Yeter	17	4.7.		M.D	54 10	V	M BIN	Month Day Yeor 1 31 1959 E (In yeors FUNDER I YEAR IF UNDER 24 HRS. birthday) Months Days Hours Min. 12. CITIZEN OF WHAT COUNTRY? U.S. A. Bartley Address On. Likton, M. INTERVAL BETWEEN ONSET AND DEATH O		
	PHYSICIAN'S NAME (Type)	PETER	S	TAVR	STAY IN 16 C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Date of Elkton d. STREET ADDRESS 123 West Nain St. Nonth Day Year ON A FARM? YES NO DATE OF BIRTH ORCED B. DATE OF BIRTH ORCED NAY 24- 1890 ESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country) NATURAL MOTHER'S MAIDEN NAME NATURATED NAME NAME NAME NATURATED NAME NAME NAME NAME NAME O DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY YES NO DEATH NAME NAME NAME O DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY YES NO DEATH ON DEATH SUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY YES NO DEATH ON DEATH SUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY YES NO DEATH ON DEATH SUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY YES NO DEATH ON DEATH SUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY YES NO DEATH ON DEATH SUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY YES NO DEATH ON DEATH SUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY YES NO DEATH ON DEATH SUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY YES NO DEATH ON DEATH SUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY YES NO DEATH ON DEATH SUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY YES NO DEATH ON DEATH SUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY YES NO DEATH ON DEATH SUT NOT RELATED TO THE TERMINAL DISEASE C							
220	BURIAL, CREMATION REMOVAL (Specify)	2/3/	-9	27c. HALLE OF SEN	ATTENY OF	SEMATORY .	Torus !	22d. LOSAT	ION (City, town,	or county)	7	(Stote)
23.	FUNERAL DIRECTOR'S	SIGNATURE	1	ADDRESS	105		140 REC'I	D BY REGIST	RAR 24b. REGI	STRAR'S SIGN	NATURE	100
1	4. Wellin	du Bose	Ya.	8161	1171	m.0	,					
			-	wifee	uru,	11600	LOVIE E	3 0		Drie! A. 1	naua	

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate as executed may be retained by the hospital or ottending physicion.

TO FUNERAL DESCRIPTION: After this certificate has been signed by the ottending physician and completely filled in by page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the registrar prior to burial, cremation, or removal, and in any event within 72 hours ofter death. VS A15 (4) 15M 9/55



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ATE OF DEATH		
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	a public desired marris mits	1

FOR STATE HEALTH DEPT.

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or. Page or files. necessory, please Jo. TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necess execute the city, pate, writing the ward "pending" in pendit in Item, 18. Give Pages 1, 2, and 3 to the funeral if a should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained to TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board at its designated agent, prior to burial, crematian, ar removal, and in any event within 72 hours after death.

2 ° 2 V\$. A15ME 8M 2/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

00519

		<u>M</u>	DICA	L EXAMINER'S	CERTI	FICAT	E OF	DEATH	Reg. I	Dist. No).	
	LACE OF DEATH	Cecil.		MARYLAND	O. STATE	Maryta		ed lived. If institu b. COUNT			fore admi	ssion)
	Earlvil	le R.D.		c. LENGTH OF STAY IN 16	c. CITY O	R TOWN (IF	outside corp	porote limits, write				
d	. NAME OF HOSPII	AL OR INSTITUTION (it not in ha	spital, give street address)	H. STREET	ADDRESS						A FARM?
1	NAME OF DECEASED (Type or print)	Ann	af	Middle	llev	si r	OF DEATH	Month		Doy		eor ?
5. 5	EX	6. COLOR OR RACE	7. MARRI WIDOWE	ED NEVER MARRIED 8	DATE OF BIRT			9. AGE (In years last birthday)	IF UNDE Months		IF UND	
10a	luring most of working	ng life, even if retired)		KIND OF BUSINESS OR INDUST		LACE (Stole o		ountry)	12. CI	TIZEN O	F WHAT	COUNTRY
13.	FATHER'S NAME	rife			14. MOTHER'S	MAIDEN N	phia,	Pa.				
		ER IN U. S. ARMED FO (If yes, give was or dates of	RCES? 16.		VEORMANT	y Tomi		Address 115 Dre	val' (Cour	t A w	
ATION	Conditions, if c gave rise to imme (o), stoling the couse tost.	diote cause underlying (c)	EA	ONTRIBUTING TO DEATH BUT N	IOT RELATED TO		NAL DISEASE	CONDITION GIV	EN IN PA			AUTOPSY RMED? NO -
MEDICAL CERTIFICATION	20g. EXTERNAL CAPRIMARY OF CO CAUSE OF DEATH. 20g. TIME OF INJU	NIRIBUTING 1	Fel	E HOW INJURY OCCURRED. (E INJURY OCCURRED Not white	and cou	1d not			(Ce	ounty)		(Slate)
MEL	11 p. m.	1-9-53	ol we	at west =	ome		green,		Cecil	-		Md
		resulted fram: 1			Suicid	de [], H	amicide			manne	4000000	d in my
	EXAMINER'S NAME (Type)	R. C.Deds	on			MEDICAL EX		-	1-	10-	59	
	Division (Second	Jan.14/	95-9	Taly Crash	CREMAJORY	,	Jan.	dedown,	or county)	0	Paroto)
23.	FUNERAL DIRECTOR	SUSTINITE !	2 1	n. Appross	5.0	249 REC'D	A SEGISTI	RAR 246 REGIS	TRAN'S S	GNAIN	RE	

DATE

LAGVAND STATE DETARIMENT OF HEALTH - SAUDIMORE TH

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Lieo has	mr.I els m		
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		J. To Fon	.8 5.7
	verall e acc		

24 hours after death.

the registrar within 72 hours after death. After this in by the funeral director, the third copy of this ATTENDING HYSICIAN OR HOSPITAL: The law requires that the death certificate be executed with The bottom copy may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with certificate has been executed by the attending physician and completely filled death certificate assembly should be detached for use as a burial transit permit. INSTRUCTIONS

TO ATTENDIN

VS A15C 1-55 10M*

7.71 S. Kraus

### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

00520

### CERTIFICATE OF DEATH

	528			Reg.	Dist. No	
1. PLACE OF DEATH			2. USUAL RESIDEN	NCE (HOME) OF DECE	EASED	
COUNTY Cec	il	MARYLAND	STATE Md.	COUNTY (	Gecil	
CITY (If outside corporete lim	its, write RURAL	LENGTH OF STAY		orete limits, write RURAL end gi		
TOWN PORT De	posit, Rural	(in this place)	OR TOWN PORT	Deposit, Run	ne l	
HOSPITAL OR		2110	STREET	(If rurel give los		
INSTITUTION OR STREET ADDRESS			ADDRESS	Woodlawn		
3. NAME OF (F		iddle)	(Last)	4. DATE (Month)	(Dey)	(Yeer)
(Type or Print) Ma	ry Amel	.ia	meck	DEATH ]	26	19 59
5. SEX   6. COLOR OF		8. DATE	OF BIRTH	9. AGE lest birthdey   IF	UNDER I YEAR	IF UNDER 24 HRS
remale   White	(Specify Sing	te   Sep	t.17,1904	54 yrs.	onths Deys	Hours   Min.
10e. USUAL OCCUPATION (Give k done during most of working retired)	ind of work life, even if	OF BUSINESS IDUSTRY WORKS Hac	11. BIRTHPLACE (Stete or forei		U S A	RY?
13. FATHER'S NAME			14. MOTHER'S MAIDEN	NAME		
Joseph D. 1	meck		Rhoda	Barnes		
15. WAS DECEASED EVER IN U. S		SOCIAL SECURITY NO.	17. INFORMANT &	ADDRESS		
(Yes, May unk.) (If Yes, give w	er or detes of service) 212	-28-7757	Donald Me	eck, Port De	eposit,	Md , RFD
I DISEASES OR CONDITIONS DIR	ECTLY LEADING TO DEATH	18. MEDICAL CI	ERTIFICATION			VAL BETWEEN
/7/ X IMMEDIATE CAUSE	IN Car	icem Cer	ix & meta.	5/8 5: 6	14	4
ANTECEDENT CAUSE DISEASES OR CONDITIONS, IF A GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE L	ANY, (B) AUSE DUE TO (C)					
TO THE DEATH BUT NOT RELATE DISEASE OR CONDITION CAUSIN	D TO THE					
19e. DATE OF OPERATION	196. MAJOR FINDINGS OF	OPERATION			20.	AUTOPSY?
					YES	
21e. ACCIDENT WAS UNDERLYING OR CONTRIBUTING ☐ CAUSE OF DI (IF EITHER, NOTIFY MEDICAL EXAMI	G	term, tectory, ce bldg., etc.)	21c. WHERE DID INJURY OCCU	R? (City or town)	(County)	(Stete)
21d. TIME OF INJURY (Month) (	Dey) (Yeer) (Hour) 21e. iN While M. et work	IJURY OCCURRED Not while et work	21f. HOW DID INJURY OCCU	R?		
22. I hereby, certify tha	t I attended the decease	od from Mor	1958 100 G	126 1959	that I last saw	the deceased
angle of the same		/	at 5:3/M, from the c		stated above	
14/100%	cerd/	M.D.	13.700	Less. 7 12	1 1%	52/5 9
23. BURIAL, CREMATION,	DATE THEREOF	NAME OF CEMETERY O	R CREMATORY	LOCATION (City, lown, or	county)	(Stete)
REMOVAL ISECTION	1-29-1959	hopewel:	L cemetery	Port Depos	it Md I	RFD
24. REC'D BY REGISTRAR	REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR'S	SIGNATURE	ADDRESS	
DATE	7.71		NOR author	sout Son Perr	yville	.Md.
	1		1001/001		Table 1	

BY THOMPS AT A THOMPS OF THE PROPERTY OF MEASURE ENGLISHED IN CERTIFICATE OF DEATH · PRIL TRAFF LEBROOK JEROMON STORES Land, Artour-Ludwicke myo . Tropos special sett MODAL . . . uncaob The state of the s • ASSESSED BY THE BE

00521

arthur S. Kraus

NAME OF DECEASED   First   Middle   Lost   4. DATE   Month   Day   Year   1959					
o. COUNTY	MARYLAND	2. USUAL RESIDENCE (Whe		~	re admission)
	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If ou	tside corporate limits, write R	URAL and give nec	arest fown)
	lovrs.	X Chesapea	lte City		
OR INSTITUTION	oddress)	/	St.		IS RESIDENCE     ON A FARM?     YES    NO     NO    NO    NO    NO    NO    NO    NO    NO    NO    NO    NO    NO    NO    NO    NO    NO    NO    NO    NO    NO    NO    NO    NO    NO    NO    NO    NO    NO    NO    NO    NO    NO    NO    NO    NO    NO    NO    NO    NO    NO    NO    NO    NO    NO    NO    NO    NO    NO    NO    NO    NO    NO    NO    NO    NO    NO    NO    NO    NO    NO    NO    NO    NO    NO    NO    NO    NO    NO    NO    NO    NO    NO    NO    NO    NO    NO    NO    NO    NO    NO    NO    NO    NO    NO    NO    NO    NO    NO    NO    NO    NO    NO    NO    NO    NO    NO    NO    NO    NO    NO    NO    NO    NO    NO    NO    NO    NO
DECEASED	Middle		OF	nth Do	
5. SEX 6. COLOR OR RACE 7. MAR	RIED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years		-
Male White WIDOW	PED DIVORCED	Nov. 7 1870	3.0	Months Days	Hours Min.
10a. USUAL OCCUPATION (Give kind of work done 10b	KIND OF BUSINESS OR INDU	ISTRY 11. BIRTHPLACE (State of	r foreign country)	12. CITIZEN C	F WHAT COUNTRY
nor	Church	Md.		U.S.	Α.
13. FATHER'S NAME		14. MOTHER'S MAIDEN NA	AME		
Unknown		Unkwov	m		
	SOCIAL SECURITY NO. 17.	INFORMANT	Add	ress	
	12 14 3280	Ellen Savin	Chesapeake	e Md.	
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  DUE TO  Conditions, if any, which gave rise to immediate couse (a), stating the under-		a of Pr	OSVATE		
	CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERMIN	IAL DISEASE CONDITION GIV	/EN IN PART I(o) 1	P. WAS AUTOPSY PERFORMED? YES NO
	SCRIBE HOW INJURY OCCURRI	ED. (Enter nature of injury in Pa	ort I ar Part II of item 18.)		1154
20c. TIME OF INJURY Month, Day, Yeor 20d. Hour o.m. 19 19 of wa	Not while fo	LACE OF INJURY (Home, form, octory, street, office bldg., etc.)	20f. (City or tawn)	(County)	(State)
stall 15		accurred at 157	/	and an the da	
220. BURIAL, CREMATION, 22b. DATE THEREOF	Bethe	OR CREMATORY	Bethel	ar county)	(State) Nd:
23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	24a. REC'D	BY REGISTRAR 24b. REGI	STRAR'S SIGNATU	RE

uneral director, may be retained by the haspital or attending physician.

• FUNERAL D

• OR: After this certificate has been signed by the attending physician and campletely filled in by page 3 should 2e detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 sithe registrar prior to burial, cremation, or removal. and in any event within 72 hours ofter death. TO FUNERAL D

00

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after death: Page 4 VS A15 (4) 15M 9/55

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HEALTH DEPT.

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DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the control of the funeral formation of the funeral formation. Page 4 should be founded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained to first. The should be founded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained to first. The should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to barial, cremation, ar removal, and in any event within 7 hours after death.

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DEPUTY MEDICAL	execute the co.	should be for	ELIMEDAL DIDECT
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## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No.

00522 96

	COUNTY	Cecil		MARYLA		o. STATE M	E (Where dece aryland			ence be	fore adm	ission)
ь	CITY OR TOWN (I	f outside carparate limits, writ		LENGTH OF STAY IN				orporote limits, write	RURAL one	d give n	searest to	wn)
_				yrs.5mo.22	day		ltimore	3 7	03	3 X -	- 2	
d		TAL OR INSTITUTION (				d. STREET ADDRES						A FARMS
	Veteran	s Administ	ration	Hospital		362	7 Eiter	miller Ro	ad		YES [	
1	NAME OF DECEASED Type or print)	Fir WA	LLACE	Middle F		POWELL	4. DATE OF DEATH	Mont		Doy 15		Yeor
5. S				NEVER MARRIED	FIRD	ATE OF BIRTH	-	9. AGE  In years	IFUNDER			19 <b>59</b> DER 24 HRS.
	Male	White	WIDOWED			1-24-23		lost birthday) 35 yrs.		Doys	Hours	Min.
10a d	USUAL OCCUPATION OF WORKING	ON (Give kind of working life, even if retired)		o of Business or in nant Marine		11. BIRTHPLACE (S		country)		JSA	F WHAT	COUNTRY?
13,	FATHER'S NAME				1.	. MOTHER'S MAIDE	NAME					
		Basil Pow	ell			Florabell	Herno	lon				
15.	WAS DECEASED EV	ER IN U. S. ARMED FO	RCES? 16. SO	CIAL SECURITY NO.	17. INFO	DRMANT		Address				
1100	Yes	Korean Cor		nknown	Hos	pital Red	cords.	VAH.Perr	v Poi	nt.	. Md.	
	18. CAUSE OF DEA	TH Enter only one cou							J	INTE	RVAL BETWI	EEN
	PART I. DEA	TH WAS CAUSED BY:	Arter	ioscleroti	c h	eart disc	ease			ONS	ET AND DE	diate
	420.0	DUE TO										
	Conditions, if o	ny, which) (b)										
	gove rise to imme	diote cause										
	(o), stating the couse lost.	(c)										
NOUT	PART II, OTI	HER SIGNIFICANT CON	-	RIBUTING TO DEATH I	BUT NOT	RELATED TO THE TE	ERMINAL DISEA	SE CONDITION GI	VEN IN PAR		PERFO	AUTOPSY ORMED?
CERTIFICATION	200. EXTERNAL CAPRIMARY OF CO CAUSE OF DEATH.	USE WAS NTRIBUTING []	b. DESCRIBE H	OW INJURY OCCURRE	D. (Ente	r nature of injury in	Part t or Part	II of item 18.)				
MEDICAL	20c. TIME OF INJU Hour o. m. p. m.	RY Month, Doy, Yes		Not while of work	PLACE factory.	OF INJURY (Home, street, office bldg.,	form, 20f. (Ci	ty or town)	(Cou	unty)		(Stote)
	21. I certify t	hat I taak charge	of the ren	nains described	abave	, held an Auto	psy 🗐,	Inspection [	, Inquir	y [	, on	d in my
	opinion death	resulted from: 1	Natural cau	ses 🔼, Accide	nt 🔲	, Suicide [],	Hamicid	e, Undete	rmined r	nanne	er 🔲	
	ACTUAL SIGNATURE	rech	900	men	A	A.D. CHIEF MEDICA					DATE S	IGNED
	EXAMINER'S NAME (Type)	R. C.	DODSON			DEPUTY MEDIC		_		1	-15-	-59
220	REMOVAL Specify	1/100		Arlington				ATION (City, town, Myer, V	or county) irgini	ia.	(Stole	•}
	PENNINGTO		Ha	ADDRESS LVTE DEGRAC	e, N	163.	EC'D BY REGIS		STRAR'S SIC		RE	
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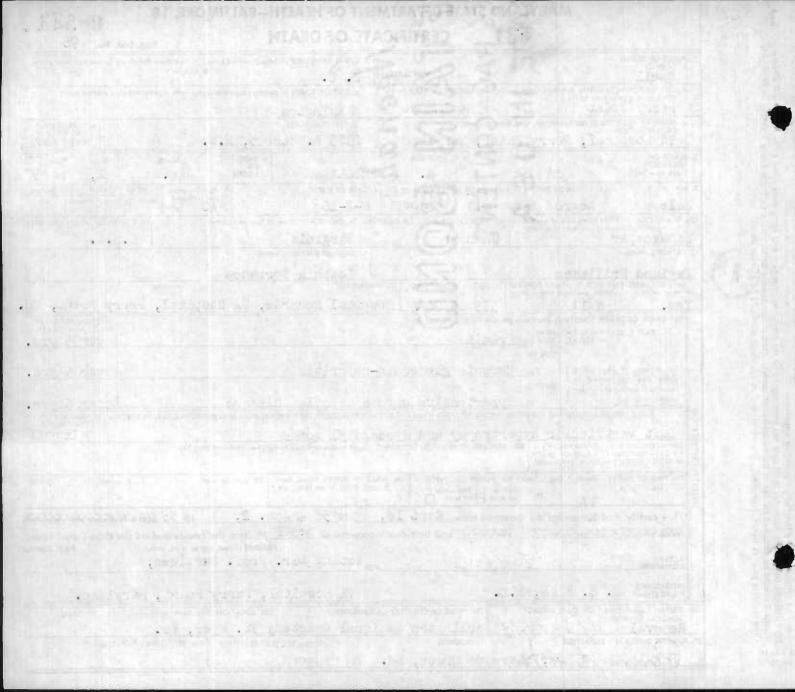
VS A15 (4)

15M 10/57

## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

531 CERTIFICATE OF DEATH

Reg. Dist. No. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY b. COUNTY MARYLAND Cecil D. C. b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Perry Point 3mosl4days Washington d. NAME OF HOSPITAL (If not in hospital, give street oddress) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? VA Hospital. Perry Point. Maryland 2325 L. Street, N.W. YES NO 3. NAME OF 4. DATE Middle Day Year DECEASED (Type or print) JAMES PRITTI AMAN 59 DEATH Jan. 19 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS lost birthdoy) Months Doys Hours Male WIDOWED | DIVORCED T 8-8-18 Negro 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Virginia U.S.A. Landscaper Unknown 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Wayland Prillaman Leathia Torrence 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Hospital Records, VA Hospital, Perry Point, Md. Yes. 579 05 0484 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY over 5 yrs. Uremia IMMEDIATE CAUSE (o)_ DUE TO Chronic glomerulo-nephritis Conditions, if ony, which over 5 yrs. gove rise to immediate DUE TO couse (o), stoting the underlying couse lost. (c) Hypertensive cardia vascular disease PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? Left ventricular hypertrophy and myocardial edema YES T NO 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, form, 20f. (City or town) 20d. INJURY OCCURRED Day, Year (County) (Stole) factory, street, office bldg., etc.) Hour o. m. While Not while of work of work 21. I certify that Mattended the deceased from Sept 18. ADDRESS (Street, city or town, stote) DATE SIGNED ACTUAL Acting Dir. Prof. Services. PHYSICIAN'S E. S. ELLS. M.D. VA Hospital, Perry Point, Maryland. NAME (Type) 220. BURIAL CREMATION. 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) REMOVAL (Specify) Arlington National Cemetery Ft. Myer. Va. Remova] 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE de Grace, Md. Marre



TO FUNERAL DIE

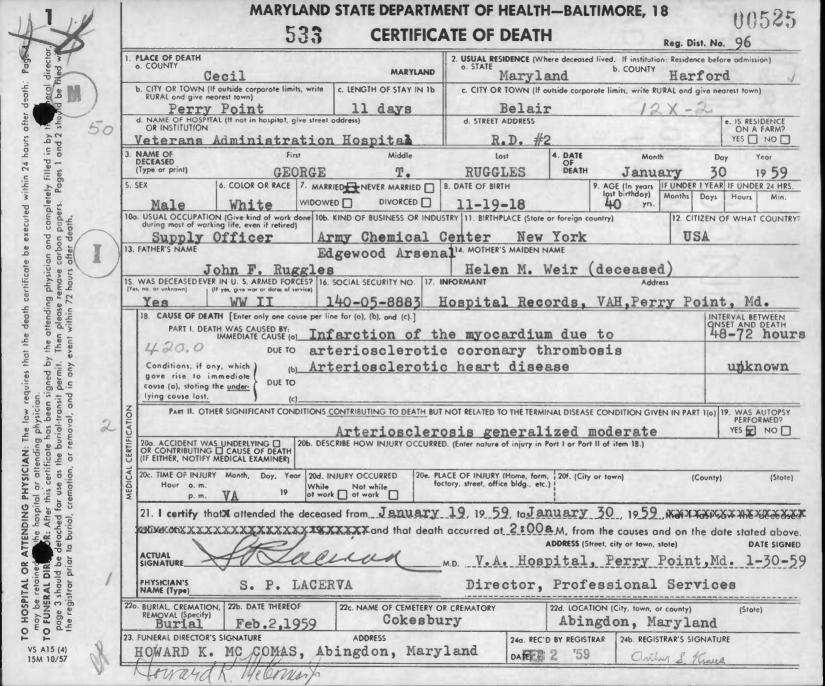
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## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

532 CERTIFICATE OF DEATH 00524

_													
1.	PLACE OF DEATH a. COUNTY	Cecil		MAR	YLAND	2. USUAL RES a. STATE	Mary 1		d lived. If institu b. COUNT		nce befare	admissi	on)
Š	b. CITY OR TOWN (I RURAL and give no	f outside carporate limi	ts, write	c. LENGTH OF STA	Y IN 1b	c. CITY OR			rote limits, write	RURAL ond	give neare	st town	}
	Perry			3vrs. 7	mo.		Hvatt	svil		16	15.3	9	
		'AL (If not in hospitol, g	ive street	oddress)	MO .	d. STREET		70 1223		( 9)	e.	ts RESI	DENCE
		Administr	atio	n Hospita	1	890	5 Rie	gs Ro	hed				FARM?
3.	NAME OF	Fin		Middl		Lo		4. DATE		onth			'ear
	DECEASED (Type or print)	JO	HN	0.		ROBIN		OF DEATH			Doy 21		
S.	SEX	6. COLOR OR RACE			IED 🖂	B. DATE OF BIRT			9. AGE (In years	IF UNDER	1 YEAR IF		959 R 24 HRS
	Male	White	WIDOW			11-30-			lost birthdoy) 70 yrs	Months		laurs	Min.
100	. USUAL OCCUPATIO	ON (Give kind of work of	lane 10b.	KIND OF BUSINESS	OR INDU	STRY 11. BIRTHP	LACE (State	or foreign c			TIZEN OF	TAHW	COUNTRYS
	Teacher	ing life, even it refired		School		100000	yland			-			
13.	FATHER'S NAME			DOMOGI		14. MOTHER'S				US	DA		
	Will	lliam J. R	ohin	200 -(doo	0000				12				
15.	WAS DECEASED EVEL	R IN U. S. ARMED FOR					ra In	втел	deceas	drass			
(Ye	Yes	(If yes, give war or dates of se	'	naka orra	II a		Danas	. 3	TATE TO				
		TH [Enter only one co		unknown	Inc	spital	Recor	ds, v	AH, Perr	y Po1			
		TH WAS CAUSED BY:				,					ONSET	AND	DEATH
		IMMEDIATE CAUSE (a)		Bronchopne				ng op	eration	)	24-	48	hour
	540.0	DUE TO		bilateral									
	Canditions, if ar gove rise to in			Gastroente	eros	tomy, po	oster:	ior f	or bleed	ling			
	cause (a), stating t		d	luodenal u	ilce:	r 1-17.	-59						
-	lying couse lost.	) (c)											
NOI	PART II. OTH	IER SIGNIFICANT CON	O SMOITIC	ONTRIBUTING TO DE	ATH BUT	NOT RELATED TO	THE TERMI	NAL DISEASI	E CONDITION GI	VEN IN PAR	T 1(a) 19.	WAS A	UTOPSY
₫				rteriosc	lero	sis. ger	neral	ized.	severe		- 1		NO 🗆
RTIF	20a. ACCIDENT WA	S UNDERLYING [] CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY	OCCURRE	D. (Enter nature o	of injury in P	Port I or Part	II of item 1B.)				
20 1	(IF EITHER, NOTIFY	MEDICAL EXAMINER)											
S	20c. TIME OF INJURY	Y Month, Day, Yea		NJURY OCCURRED	20e. PL	ACE OF INJURY (	Home, form,	20f. (City	ar tawn)	(1	County)		(State)
MEDI	p. m.	19	While at worl	Nat while	100	cidiy, sireei, dille	e blog., etc.	1					
	21. I certify the	ot Kattended the	decens	ed from June	22	10 55	to JB	nuerv	21, 19 5	OWEYN	WWW.	var ar a	VVVVV
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	Onto On	10)	7	, ond mo	ueom	occorred at		ADDRESS (S)	reet, city or town	ond on t	he dote		d obove. TE SIGNED
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	SIGNATURE	1 30	-7 8	~ (		M.D. V.A.	повр	1 cal,	rerry	Point	· Pid ·	1-2	22-59
	PHYSICIAN'S NAME (Type)	S. P.	T.A.C.	ERVA		Dino	atam	Dmos		7 0			
220	BURIAL, CREMATION			22c. NAME OF CEM	ETERY				essiona		ATCE		
1	REMOVAL (Specify)	mn/26/	959			Nationa	37		ION (City, town,			(State)	)
23	FUNERAL DIRECTOR'S	SIGNATURE	/	ADDRESS					rlington				
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4	1	PLACE OF DEATH	53	-		I a usua sa	I DELLOS			Reg. Dist.	
	1. 6	a. COUNTY	ecil		MARYLAN		Mary ]		l lived. If instituti b. COUNTY		before admission)
	1	RURAL and give r	(If outside corporate limits, nearest town)  Point		mo. 10 de			outside corpor	ate limits, write R	RURAL and give	nearest town)
50		OR INSTITUTION	ITAL (If not in hospital, give Administrat:			d. STREET		Elling	ton Dri	VA	e. IS RESIDENCE ON A FARM? YES NO
	3. [	NAME OF DECEASED (Type or print)	First <b>J</b> OHI		Middle W.		ost	4. DATE OF DEATH	Janu	nth	Doy Year 19 19 5
	S. S	SEX Male	6. COLOR OR RACE 7.	· MARRIED	NEVER MARRIE	8. DATE OF BIR	тн		9. AGE (In years lost birthdoy) 69 yrs.		EAR IF UNDER 24 HI
		. USUAL OCCUPATI	ON (Give kind of work don rking life, even if retired)	ne 10b. KIND	OF BUSINESS OR IN	DUSTRY 11. BIRTH	PLACE (State	e or foreign co	untry)	12. CITIZE	N OF WHAT COUN
T	13.	FATHER'S NAME				14. MOTHER	'S MAIDEN	NAME			2
(1	15. IVes		eorge W. Sm: ER IN U. S. ARMED FORCES (If yes, give wor or dates of service WW L.	57 16. SOCIA	L SECURITY NO. 12				on - De	lress	+ MA
		420.0	DUE TO .	2 A							
		Canditions, if a gove rise to cause (a), stating lying cause lost.	ony, which (b)		entricula ciosclero	ar septur tic heari		ease,	severe		unknown
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2	CERTIFI	gove rise to couse (a), stating lying cause lost.  PART II. OT  20a. ACCIDENT W OR CONTRIBUTING (IF EITHER, NOTIFY	any, which the under. DUE TO (c) HER SIGNIFICANT CONDIT	Arter	riosclero	tic heart	O THE TERM	NINAL DISEASE	CONDITION GIV	VEN IN PART 1(4	o) 19. WAS AUTOPS PERFORMED?
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CERTIFICATE OF DEATH Reg. Dist. No. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY b. COUNTY Cecil Maryland MARYLAND Cecil b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give negrest town) Ekkton Elkton d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE OF INSTITUTION ON A FARM? Farm RD4 Elkton Md. Goododds Farm RDL Goododda YESA NO NAME OF Middle 4. DATE Month Year Day DECEASED OF DEATH Richard (Type or print) 159 Taylor 6. COLOR OR RACE 7. MARRIED A NEVER MARRIED 5. SEX 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 8. DATE OF BIRTH lost birthday) Months Days Male White WIDOWED | DIVORCED T yrs. 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? Delaware Farming U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME William Molly A. Fitzpatrick 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO Address Mrs. Helen Taylor Same 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) Cebebral embolism 5 min DUE TO carcinoma of colon Conditions, if ony, which mo gove rise to immediate DUE TO cause (a), stating the underretroperitoneal lynphocarcinoma mo lying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES T NO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Port 11 of item 18.) 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, form, Day, Year 20d. INJURY OCCURRED 20f. (City or town) (County) (Stote) foctory, street, office bldg., etc.) Hour o. ft. Not while of work of work 21. I certify that I attended the deceased from Nov 16, 1958, to Jan 3, 1959, that I lost saw the deceased _, and that deoth occurred at 3:154M, from the causes and on the date stated above. ADDRESS (Street, city or town, stote) DATE SIGNED ACTUAL PHYSICIAN'S NAME (Type) WALLACE M. JOHNSON 257 E. Main St Newark. 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) Burial (Specify) Patrick's Ashland St. Ashland Delaware 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE

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writing the word "pending" in pencil in the to the Chief Medical Examiner's Office of Page 3 shauld be used as a buriol-transit prior to burial, cremation or secure.

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

	515	Item .	AAMINEK Filmg238	2-2-59 et	AIE OF L	EAIH	Reg. D	ist. No		
PLACE OF DEATH			A4 A BA4A A AA	2. USUAL RESIDENCE	(Where deceased	lived. If institu		ence bef	ore adm	ission)
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end give negrest	Contract of the Contract of th		no time	Wilmin	aton		461	3		
	spital or institution () lospital	f not in hospital,	give street address)	d. STREET ADDRESS	50	Have J			ON	A FARM
3. NAME OF DECEASED (Type or print)	First Jens Se	Dewd	Middle Thomas	Last	4. DATE OF DEATH	Month	h	Doy 18		rear 9 <b>59</b>
5. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED   B	21-8-11907		AGE (In years fast birthday)  51 yrs.	IF UNDER Months	1YEAR Days	Hours	ER 24 HR Min.
	ATION (Give kind of work orking life, even if retired)	lone 10b. KIND (	OF BUSINESS OR INDUST	RY 11. BIRTHPLACE (St	ote or foreign coun	itry)	12. CIT			COUNTR
Dyer 13. FATHER'S NAME		Fabr	es	N ew Je				U.S	of o	
	thur Thomas			Jane Moo						
	DEATH [Enter only one country one country was caused by:			conald Thoma				INTER	TAND DE	EEN
	f ony, which (b) nmediate cause he underlying (c).		ary Lacerati				F•			
PART II.	OTHER SIGNIFICANT CON	DITIONS CONTRI	BUTING TO DEATH BUT N	NOT RELATED TO THE TER	RMINAL DISEASE C	ONDITION GIV	EN IN PAR			AUTOPSY DRMED? NO
200. EXTERNAL PRIMARY OF DEA	CONTRIBUTING [	b. DESCRIBE HOV	hit concret		Port I or Part II of	item 18.)				
20c. TIME OF IN 121845 c.	MJURY Month, Doy, Yeo  1-18-59	While	Not while foct	CE OF INJURY Home, for only, street, office bldg.	orm, 20f. (City or etc.)		Ceci	unty)	M	(Stote)
21. I certify	that I taak charge	of the remo	ins described abo	ve, held an Auto	psy , Inse	pectian.	Inqui	у 🕞	, an	d in m
opinian dea	oth resulted fram: N	Natural cause	Accident	Suicide,	Hamicide [	]. Undete	rmined	manne		
ACTUAL	1 N V 1/10	7791	1111	CHIEF MEDICAL	EXAMINER T				DATE !	SIGNED

4 should be founded to FUNERAL DIRECTOR: its designated

220. BURIAL, CREMATION, 27b. DATE THEREOF REMOVAL (Specify) 1-21-59 REMOVAL (Specify)

EXAMINER'S

NAME (Type)

R.C.Dodson

22c. NAME OF CEMETERY OR CREMATORY Gracelawn Memorial

DEPUTY MEDICAL EXAMINE 22d. LOCATION (City, town, or county) Park Wilmington,

(State) Delaware

ADDRESS

Elkton, Maryland

240. REC'D BY REGISTRAR JAN 2 3 59 DATE

ASSISTANT MEDICAL EXAMINER

24b. REGISTRAR'S SIGNATURE arihun S. Hraus

1-18-59

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		5	37	CERT	IFICA	ATE OF DEATH	1		Reg. Dist.	No.	96	
1.	PLACE OF DEATH o. COUNTY	Secil		MAR	YLAND	2. USUAL RESIDENCE (WI	vlanc	b. COUNTY	n- Residence	before	odmission	)
Ī	b. CITY OR TOWN (I RURAL and give no	f outside corporate limi	s, write	c. LENGTH OF STAY	IN 16		4		JRAL and giv	e near	est town)	
-	Perry		ive street	18yrs.5m	0.22	d. STREET ADDRESS	timo	re e	3 vo	/ -   e.	IS RESIDI	
-		dministra	tion	Hospital		1006 N	. Ca	Lhoun			YES   1	
3.	NAME OF First DECEASED (Type or print) HENRY		Middle H •		Lost 4. DATE OF DEATH						ear 9 <b>59</b>	
5.	SEX	6. COLOR OR RACE	7. MARE	IED T NEVER MARR	IED 🔲	8. DATE OF BIRTH	TELL	9. AGE (In years	IF UNDER 1	YEAR I		
ı	Male	Negro	WIDOW	DIVORCE	ED 🔲	10-17-95		63 yrs.	Months De	ays	Hours	Min.
0	o. USUAL OCCUPATIO	ON (Give kind of work a	lone 10b.	KIND OF BUSINESS	OR INDUS	TRY 11. BIRTHPLACE (Stote	or foreign		12. CITIZI	EN OF	WHAT CO	DUNTE
	Labor			Unknown		Baltimore  d. STREET ADDRESS  Lost  1006 N. Calhoun  Lost  4. DATE OF MILSON  DEATH  January  22  18. DATE OF BIRTH  10-17-95  DUSTRY  11. BIRTHPLACE (Stote or foreign country)  Maryland  14. MOTHER'S MAIDEN NAME  Rachael Hutton  INFORMANT  Hospital Records, VAH, Perry Point, ONSET  UN  Address  LIC heart disease  UT  NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0)  RED. (Enter nature of injury in Part 1 or Part II of item 18.)  PLACE OF INJURY IHome, form, forth, factory, street, office bldg., etc.)  1940, to January 22, 1959xbxxxbxxxbxx						
3	. FATHER'S NAME				4	14. MOTHER'S MAIDEN N	IAME				11.1	
	11202	Samuel W	ilso	a		Rachael H	utto	1				
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L CERTIFICATION	OR CONTRIBUTING	S UNDERLYING [] [] CAUSE OF DEATH MEDICAL EXAMINER)	206. DES	RIBE HOW INJURY C	CCURRE	). (Enter nature of injury in f	Part I ar Pa	rt II of item 1B.)				
MEDICAL	20c. TIME OF INJURY Hour a. m. p. m.	VA 19	While of work	NJURY OCCURRED Not while of work				y or tawn)	(Cou	inty)		(State
	21. I certify th	at Xattended the	decease	ed from July	31	1940 to Ja	nuary	22, 19 59	Xbex X les	H XAS	KKKK	KER
					death	accurred at 3:45	am fra	m the course of	nd on the	data	stated	aha
		11/2	7	20				street, city or town, s		duie		SIGN
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		V V				W.D. TENENT WASH	YASY!		ATTITUTE.	_1790	4	6.6.
	PHYSICIAN'S NAME (Type)	S. P. T.	ACER	IF A		Dimonton	Dmod	Constant	Comm	2		
22	O. BURIAL, CREMATION			22c. NAME OF CEM	ETERY OF	Director,	224 1064	TION (City, tawn, a	-58.514	rce		
	REMOVAL (Specify)	1-26-5	9			e National		altimore,		lan	(Stote)	
3	FUNERAL DIRECTOR	SIGNATURE 15-		ADDRESS			BY REGIS		TRAR'S SIGN			
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_	George E	. Kelson,	. 770	THOU THOU		DATAN	2 2 '59	Circin	1 8. The	us.		

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